

# *Different Ways Towards the Same Goal*

**The Global Initiative on Children's Environmental Health Indicators**



# Launching the Global Initiative on Children's Environmental Health Indicators (CEHI)

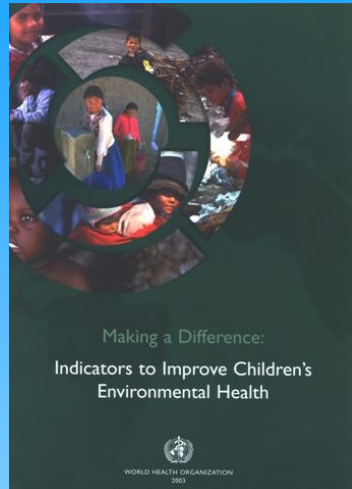
- Increase collaboration to protect children from environmental threats to their health
- Develop and promote use of CEH indicators
  - Main objectives:
    - Improve assessment of CEH and monitor the success or failure of interventions
    - Facilitate the ability of policy-makers to improve environmental conditions for children

## Partners:

- Governments of Canada, Italy, Mexico, South Africa, United States of America
- WHO, UNICEF, UNEP, CEC, OECD
- PSR, ISDE, INCHES



# From Theory ...



## Target audience:

- decision-makers and technical experts in environment and health

## Content:

- MEME model
- criteria for designing, collecting, reporting indicators
- template indicators

# ... to Action

## Target audience:

- technical experts implementing indicator pilots

## Development:

- prepared by WHO
- wide review with Partners (e.g. USEPA, UNEP, UNICEF) and WHO Regional Offices
- launch in English & Spanish at Costa Rica workshop



# Regional indicator contributions

## North America

(Lead: Commission for Environmental Co-operation, Montreal)

Countries: Canada, Mexico, United States of America

## Europe

(Lead: WHO European Centre for Environment and Health, Bonn)

Countries: Austria, Bulgaria, Czech Republic, Estonia, Finland, France, Germany, Greece, Hungary, Italy, Lithuania, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, United Kingdom

## Eastern-Mediterranean Region

(Lead: WHO Centre for Environment and Health, Amman)

Countries: 1<sup>st</sup> phase: Oman, Tunisia & 2<sup>nd</sup> phase: Pakistan, Yemen, Jordan, Iran

## Pan-American Region

(Lead: PAHO, Washington)

Provisional countries: Argentina, Barbados, Belize, Brazil, Chile, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Jamaica, Nicaragua, Panama, Paraguay, Peru, Dominican Republic, Trinidad and Tobago + US-Mexico border project

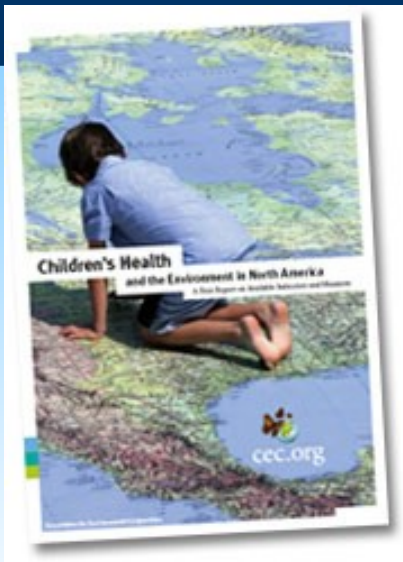
## Africa

(Lead: WHO Regional Office for Africa, Brazzaville)

Countries: Kenya, Zimbabwe & Cameroon



# NORTH AMERICA



- ◆ Report published in January 2006:

<http://www.who.int/ceh/publications/northamericanreport/en/index.html>



# North America: 12 Priority Indicators

## Asthma and Respiratory Diseases

- % of children living in areas where air pollution levels exceed relevant air quality standards
- Indoor air quality (environmental tobacco smoke, solid fuel use)
- Prevalence of asthma in children

## Effects of exposure to Lead and Other Toxic Substances

- Blood lead levels in children
- Children in homes with a potential source of lead
- Pollutant Release and Transfer Register data on industrial releases of lead
- Pesticides residues on foods

## Waterborne diseases (WBD)

- % of children (households) served without access to treated water
- % of children living in areas served by public water systems in violation of local standards
- % of children (households) that are not served with sanitary sewers
- Morbidity (number of childhood illnesses attributed to WBD)
- Mortality (number of childhood deaths attributed to WBD)



**These priorities are based on the CEC Council's Cooperative Agenda for Children's Health and the Environment in North America.**

# CEH Indicators in North America

## ☐ Lead agency:

Commission for Environmental  
Cooperation in North America  
(CEC)

## ☐ Participating countries: Canada, Mexico, United States

## ☐ Insights from the report:

- Number of data gaps
- Lack of comparability
- Opportunities for improvement





# UNITED STATES - MEXICO BORDER





# US/MX Indicators pilot project

Lead agency:

PAHO Field Office for the United States - Mexico  
Border (**FO/USMB**)

Participating countries:

**United States of America, Mexico**



# US/MX : Defining pilot indicators

- Indicators from 4 FO/USMB workshops (one in each of the four regions of the US/MX border), and the Costa Rica workshop (priority indicators for the Americas) were cross-referenced with each other to select three indicators based on the **frequency**, the **applicability** of the same indicator to both sides of the border, and the **usefulness** and **relevance** for the United States - Mexico border as a whole, as well as the CEHI initiative worldwide.



# CEH Indicators on the US/MX border

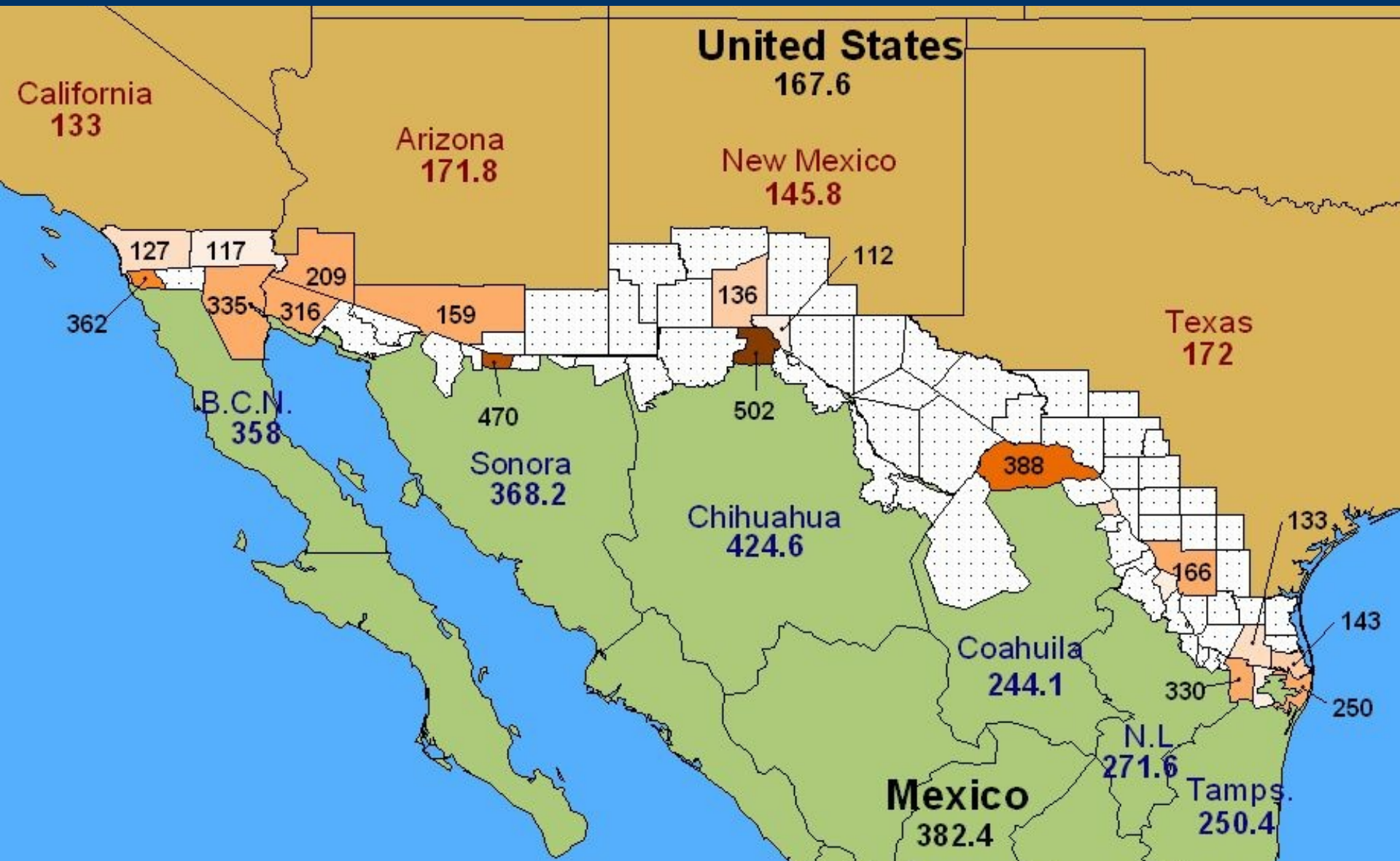
One "umbrella" indicator was chosen as well as one "health" indicator and one "exposure" indicator. This was to give a broad view of the Children's Environmental Health situation on the United States - Mexico border.

The indicators selected were:

- ♦ Mortality rate for under 5 year olds (all cause).
- ♦ Morbidity rate from respiratory disease in children under 5 years of age.
- ♦ Percentage of children living in areas served by public water systems that exceeded a drinking water standard.



# < 5 mortality rates on the US/MX border



# EASTERN MEDITERRANEAN



# CEH Indicators in the Eastern Mediterranean Region (EMRO)

- Lead agency:  
WHO Centre for Environment and Health, Amman, Jordan
- Participating countries:  
Oman, Tunisia, Yemen, Pakistan
- Two-stage approach:
  - > Review existing data sources and compile findings; examine spatial and temporal coverage; assess accuracy and reliability of information
  - > Assess children's environmental health through a household survey



# EMRO

- EMRO Stage 1: Reviewing Existing Data Sources - An Example from Oman
- EMRO Stage 2: Obtaining Indicators Through a Household Survey
  - Focus on obtaining exposure indicators
  - Modules:
    - > Sanitation and hygiene
    - > Household water security
    - > Housing quality and physical characteristics  
(e.g. overcrowding, food safety, chemicals, vectors, waste disposal, indoor air quality)
  - Depending on the country, the household survey was conducted for the whole country (as part of World Health Survey in Oman; separate survey in Tunisia) or for selected provinces (e.g. Pakistan).

# AFRICA



Source: <http://www.who.int>

# AFRICA indicator pilots

- **KENYA**

- **Issues:** water, sanitation & hygiene, solid waste disposal, food safety, overcrowding, air pollution (outdoor & indoor) , injuries.

- **ZIMBABWE**

- **Issues:** diarrhoea, injuries, scabies, malnutrition, chemical poisoning and respiratory infections, HIV/AIDS, child abuse & child labour



- **CAMEROON**

- Recently initiated

# A Few First Insights

## ☐ Prioritizing children's environmental health indicators

- a clear rationale makes priorities defensible

## ☐ Regional harmonization

- start with what is feasible, work towards harmonized, high-quality reporting over time

## ☐ Implementation mechanisms

- different ways can achieve the same goal

## ☐ National-level data hide important differences between sub-populations

- disaggregate data by age, gender, socioeconomic status, geographical area



# The World's Forgotten Children

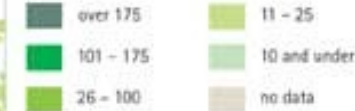


Today, 35% of Africa's children are at higher risk of death than they were ten years ago.



## Child mortality rate

Under-five mortality rate per 1000 live births  
2000



Beacons of hope



greatest improvement  
in child mortality rate  
1970-2000



# Contact details

**For further information:**

• [www.who.int/ceh/indicators](http://www.who.int/ceh/indicators)

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